

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000478

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: BERMUDA BAY I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O STERLING PROPERTY SRVS.  
27180 BAY LANDING DR STE 4  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

C/O STERLING PROPERTY SRVS.  
27180 BAY LANDING DR STE 4  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 59-3581319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'GORMAN N, JOHN  
C/O STERLING PROPERTY SERVICES  
27180 BAY LANDING DR STE 4  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: GEIGER, LINDA  
Address: 15425 CEDARWOOD LANE # 307  
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete  
Name: ZEUSLER, DICK  
Address: 15425 CEDARWOOD LANE 202  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: MOETTI, BILL  
Address: 15425 CEDARWOOD LANE #206  
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete  
Name: GARDNER, THOMAS  
Address: 15425 CEDARWOOD LANE 102  
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete  
Name: PRICE, JERRY  
Address: 15425 CEDARWOOD LANE #306  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: WOOD, ROBERT  
Address: 15435 CEDARWOOD LANE 105  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change ( ) Addition  
Name: MCDONAGH, BRIDGETT  
Address: 15415 CEDARWOOD LANE #104  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WOOD

DP

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date